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Bib Data Sheet

CONFIRMATION NO. 6255

<b>SERIAL NUMBER</b> 10/037,807	<b>FILING DATE</b> <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY</b> <b>DOCKET NO.</b> 81745	
<b>APPLICANTS</b> Michael S. H. Chu, Brookline, MA; Laddvanh Bouphavichith, Clinton, MA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/30/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>Kennedy</u> Examiner's Signature Initials		<b>STATE OR</b> <b>COUNTRY</b> MA	<b>SHEETS</b> <b>DRAWING</b> 9	<b>TOTAL</b> <b>CLAIMS</b> 38	<b>INDEPENDENT</b> <b>CLAIMS</b> 2
<b>ADDRESS</b> 23685					
<b>TITLE</b> Low profile adaptor for use with a medical catheter					
<b>FILING FEE</b> <b>RECEIVED</b> 1064	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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